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PATENTS

**CERTIFICATE OF MAILING**

I hereby certify that this paper is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria VA 22313-1450, on September 8, 2003.

Signature Theodore J. Leitereg Date 9/8/03  
Name: Theodore J. Leitereg

Attorney Docket No. BEH-7381

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application: 09/691,383

Inventors: Edwin F. Ullman, *et al.*

Group Art Unit: 1641

Filed: October 17, 2000

Examiner: Cook, Lisa V.

Title: Simultaneous Screening of Multiple Analytes

MS AF Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**TRANSMITTAL LETTER**

Transmitted herewith for filing in the above-entitled patent application are the following:

1. Amendment under 37 C.F.R. §§1.116 (11 pages)
2. Transmittal Letter (in duplicate)
3. Postcard

**[ ] Petition For Extension Of Time**

Pursuant to 37 C.F.R. 1.136(a), Applicants hereby request an extension of time of

- ☐ one month.....  
\$110.00
- ☐ two months .....  
\$390.00
- ☐ three months.....  
\$890.00

to respond to the Office Action of \_\_\_\_\_.

☒ This response is being filed within the 3-month period of time set in the communication from the Examiner dated July 14, 2003.

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**Deposit Account Authorizati n**

- ☒ There is no increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for.
- ☐ There is an increase in the number of independent, dependent or multiple dependent claims beyond those previously paid for. The required fee is calculated below.

Additional independent claims (above 3): @ \$80 each ..... \$0.00  
Additional claims above 20: @ \$18 each..... \$0.00  
Multiple Dependency Fee: \$270 ..... \$0.00

PLUS Extension of Time fee..... \$0.00  
FEE DUE: ..... \$ 0.00

- ☐ Please charge \$ 0.00 to Deposit Account 04-0010.
- ☒ Please charge any additional fees that may be required, or credit any overpayment to Deposit Account No. 04-0010. A duplicate of this Transmittal Letter is enclosed.

**Address for Correspondence**

All correspondence for this application should be addressed as follows: **Susan Yarc, Behring Diagnostics GmbH, c/o Dade Behring Inc., 1717 Deerfield Road, Deerfield, Illinois 60015-0778, and the telephone number is (847) 267-5365.**

Respectfully submitted,



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